

**FAX COVER SHEET**

To: Examiner Petrik
Entity: USPTO
Fax Number: 571-273-8057
Voice Number: 571-272-8055
From: Kevin M. Farrell
Date and Time: August 16, 2006 11:10 AM
Total Pages: 16

Message:

Dear Examiner Petrik:

Pursuant to your telephone message of yesterday, attached please find a copy of the Amendment which we filed on May 8, 2006 with the Patent Office in regard to Application No.: 10/625,936.

Thank you.

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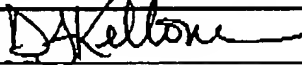
TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/625,936	
	Filing Date	July 24, 2003	
	First Named Inventor	Michael Lebner	
	Art Unit	3743	
	Examiner Name	BENNETT, Henry A.	
Total Number of Pages in This Submission	1	Attorney Docket Number	0156-2009US01

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard.
Remarks The Commissioner is hereby authorized to charge any fee deficiencies or credit any overpayments associated with this submission to the PIERCE ATWOOD LLP Deposit Account No. 50-0282.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	PIERCE ATWOOD LLP		
Signature			
Printed name	James M. McAleenan		
Date	5/8/06	Reg. No.	56,820

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Typed or printed name	Debra J. Kellom	Date	5/8/2006

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